

Art-making as self-expression - Jan-Bert

But to a certain extent, the arts is such a broad concept within this kind of realm that for me, art and art-making is something that's personal, it's something that relates to the individual and therefore relates to how they want to use that. And I remember using the analogy is that not everyone who kicks a ball wants to become a professional footballer. So not everyone who starts writing or picks up a paintbrush or, you know, gets involved in performing wants to become a professional performer. So how it impacts on the arts is that, in a way, it challenges that perception of what art-making is, it doesn't challenge the perception of what art is but it does challenge that perception I think sometimes in quite a good way because it's quite a complex question to answer.

You then pursue the particular interest or a particular fascination within that over a period of time. And you tend to conclude that as a kind of expression of what that interest was. That might be a theatre piece, it might be a piece of furniture or it might be a series of actions. Because art and art-making has no one single particular form or particular way of setting yourself, expressing yourself. So it's not necessarily something you make for a white box or a black box, it lives across a far greater spectrum of activity.

Circus skills - Isabel

Well, they were kind of different because the space was limited. In the South General when we were in at first we had a brilliant big space so they did a lot of stuff like juggling and circus skills and just really fun things, and sort of drama games and such like. And then sort of started to do quite a lot of animation, that's brilliant and that's what they still do mostly in the hospitals because you can do it in a smaller space. And it takes in everything – they've got to think of their story, then they've got to think and make their characters and then they've got to make their sets and paint it, then find a voice for the character, then record it and fill in all their movement, so it's a big process and everybody gets something to do. People just love it because, see, once they've seen it and they see whatever their character coming to life – brilliant.

Clay and collage as tools for working through something - Anne

-When you first started out, what was the view of mental health and, sort of, from the general public?

-What was the view from the general public? For mental health? I think...well, in the early Eighties, I think there was...I mean, I think there's still a lot of stigma around, but the stigma then I think was far worse. There was no See Me campaigns, there was no...I think the public were generally very scared about mental health problems. I think they tended to associate them with things that were quite [pause], you know, behaviours that weren't necessarily anything to do with mental health problems. I think there was a lot of misconception, in the general public, about what poor mental health was, and what good mental health is. So, I think that's one of the changes that I really like actually. Over the past forty years, I think it is much easier for people to say when they've got a mental health problem. And I think that

people are more likely to be open than they ever used to be. But, as I said, there's still an awful lot of stigma.

And with the arts as well, I think quite a lot of people pick up poor messages about arts. At school they might get a message that they're not very good at things. And then they just drop it and cut it out of their life. And when I was working with people with mental health problems, most of them would be really enjoying doing art, but we'd be talking about they didn't think they were any good at it. So, it was often quite rewarding working as a therapist in that situation, where people would be discovering it. Discovering it for themselves, using it to work through different challenges and different issues.

So, for example, we used to like using clay to build a collage that represented fears of the future, maybe, with lots of young people that had mental health problems, but have had to change their plans. The life-course that they thought they were going to have is no necessarily one that they were going to be able to continue with, so you would be able to put together a collage that helped them talk about that, and think about...share how it affected them and what sort of thoughts they had, with others. And then...so, the actual process of doing that is very therapeutic, it's engaging and gets people to talk about things. They are hopefully finding things in common with each other, and at the very end we've got this piece of work which people feel represents those sorts of issues that they were discussing.

And then, it's entirely up to the people in the group what they want to do with this piece of art. They can cherish it or push it to the side. [Laughs]. In a way, the process of completing it is almost more important than the actual end product.

- Do you find that arts and just creativity, more broadly, are helpful in helping people to express themselves?

- Yes, I think it does, yes. I think because, I think...anything, any kind of process that helps a person distance from something can be very helpful. So, if you've been so caught up in a problem that you can't really find any way out of it, if you're getting a chance to work it through in some way, or talk about it, or sort of describe it to someone else, it's helping you process it, and helping you possibly see it from a different perspective, find different solutions to it.

The power of music - Jane

I think it was the first workshop I ever did, they brought in a very elderly man, who had dementia, and he was all kind of hunched over in his chair, not moving. And as the music went on, just a little finger started moving, then a hand, and then two hands. And I saw this and I thought, wow, he's coming life. And I gave him a couple of drumsticks and then all of a sudden, he kind of opened up and then started busting out these incredible drum solos. And we had this really good exchange of, you know, I'll play, you play, really complex, really, you know, as a musician I could see he had loads and loads of skill. And, you know, by the end of the workshop, he was all bright and engaged. And as folks were leaving, one of the nurses said, like, he hasn't spoken to anyone for six years.

And that, I think from that point on, I was just hooked about...and I think, with a lot of arts, it can circumvent, or it can go round the outside of, you know, traditional pathways of talking and responding. And there's so much that can happen non-verbally, or that would just reach a different part of ourselves and allow for that opening to happen. And I think, you know, when that first happened, I was like, oh my god, it's a miracle [laughing]. And now, now it happens, you know, I'm so used to it, now, and these changes happening. But I actually do wish I'd written down more stories like that, but I haven't [laughing].

And I think people still come with a big lack of confidence. But I think once people arrive in a workshop, I think, because music is such a process of actually doing things there in the moment, rather than, you know, creating something for a later date, so it has to be about how we relate now. So, starting with things where you cannot fail. So to actually build up some confidence, and something very, very simple. And to, I mean, in a mixed group, you know, having people share, oh who felt really nervous on this the first time, or who felt like they weren't a drummer when they came.

And, you know, I keep admitting that I find new groups really stressful, you know, and I just like, just, you came through the door, is brilliant, and I really struggle with that. And then, I think, having had some success, actually, we do start looking at kind of resilience and ways to have kind of safe failure, in a sense. So that we can try things and they might not work, but actually we try it again and it does work. Or, you know, you practice something, it's supposed to feel shit at the start, because it's a new thing. And actually, that we recognise that that's not a fault in us, that it feels hard, but that's a natural part of that process. It feels hard because we haven't done it before. And to make that really open and obvious and plain, I think to me, feels important in helping people feel confident to carry on and proceed.

And if we can start to build that muscle of being okay not to be perfect at everything, or for something not to go well the first time. Or that, you know, we work on some things and we notice that actually we can do things now that we couldn't do at the start, to keep bringing that to light, I think.

I would say, it's a confidence builder, because you don't have to be great to start off with, and very quickly, you get quite good results. You know, within five or ten minutes, people can be sounding like they're part of a rocking band. Which I think you couldn't do with violins, or recorders. So I think it does build confidence. And yeah, it's a really, it's an enjoyable activity. But I think for me, the biggest thing is always the social, but it's not always what I would say at the start, I would just say, it's really fun.

Puppetry - Abi

I decided on my sixtieth birthday that I needed a new career [laughs], so I decided to go into puppets because it drew together everything. Because I've always done a lot of papercutting which is like paper cut outs or stained glass window effects and it meant I could bring together lots of different skills. You know, building scenery, building a puppet theatre and building the puppets. And also because I'd had this idea that they'd come out at an event that I was involved in backstage and I couldn't even speak about it at the beginning, but the idea was to tell some of my own story through puppets. So, you know,

first of all I did three different shows for children and then I started working on the one that was for adults which was about my story so, yeah [pause]. But I'm quite looking forward to retiring now [laughs].

The best piece I've produced is the puppet called The Tontine because she represents [pause] me as a completely distressed teenager. She's the same size as I am. I did an interview with Maeve with her sat next to me [pause] and there's just something [pause] she's like an extension of me but she's not me, you know. So when she tells stories [pause] yeah, she just...yeah, there's something really...I don't know what the word is [pause]. It's like I've given her a bit of my soul so that when she is acting and reacting [pause] although you can't tell that [pause] it's my thoughts because it's her, there's still a little bit of me living in her. I love her to bits [laughs].

But, I mean, I've also got two beautiful puppets of the owl and the pussycat, you know, which are also...they're quite big, they're about this...sort of, three foot off the floor. And the owl is all made out of music paper so, you know, every feather is a music paper piece and there's just something really lovely about working with puppets [pause]. I've got other...I mean, yeah, how far back do you want to go [laughs]? I think this piece that I showed you of a...I mean, that's just a paper cut, it's a sheet of paper cut with a scalpel and it shows...I call her the worrying warrior and she's gardening. And I think because that was such a powerful message that I left myself that that's one of my favourite pieces. You know, I've kept the original and, yeah, I always have it up somewhere [pause] so, yeah [pause]. And it is, I mean, it's the pieces of artwork that represent [pause] the better parts of my mental health.

Performing in a community – Ruth

So they were doing this performance, and I just had this really strong sense of, I've got to be there, I really want to go. So I don't know where I got the courage from, given how ill I was, but I went along, and the amazing thing is that...well, first of all, I absolutely loved it. I loved the poems that people were performing and I loved the atmosphere, and bear in mind I was completely new, but I'd written a poem in the meantime, and Larry Butler who was the facilitator gave me this welcome and said, well, if you have a poem, you're welcome to perform.

And I got up on stage and I performed this poem, and people liked it. And it was just the most amazing, amazing feeling, and from there on, I...do you know, it couldn't have been '96, it must have been later than that, '98. See how vague my memories are, '98, maybe, because I think that's when Survivors Poetry started. From then on, I got really involved with Survivors Poetry, and my mental health just got better and better and better, and it was just this real sense that when I really needed it, the right thing appeared, and from somewhere I'd got the confidence to grab hold of it.

And I didn't get better overnight, and you never get completely better, but that was really the start of my journey in recovery, you know? I mean, I'd been really...I can't describe how ill I was, it was just awful and I couldn't function in life. And I started to get better, just amazing.

EC: Yeah, is there a particular favourite memory that stands out?

RD: I have lots of memories, so many memories. I mean, I'm trying to think what are my favourite ones. I mean, basically we met, I think, probably weekly in small groups, and we could bring a poem we'd written, or we'd do what we called free associative writing, which is where we often started, which is where you just let your pen wander across the page with whatever words come out, and you think you're just talking rubbish. And ten minutes you look at what you've written, you think, that's a revelation. It might be the start of a poem or it might be me getting in touch...well, it's the same thing, me getting in touch with what is really important to me. Might be what's holding me back, might be what I value, and every exercise like that seemed to be another little step forward.

And writing what I felt was good poetry, what an amazing feeling that is of self-worth, and it's not just doing something for fun, it's much, much more than that. It's your real self coming out, and showing your real self to the world, and becoming aware of your real self, with all your problems and sometimes you'd write angry stuff and sometimes you'd write funny stuff. Sometimes you'd write happy stuff or really sad stuff, difficult stuff, and we were all doing that in our groups. So it was therapeutic, but it wasn't...there was nobody in...there was a facilitator, but there was nobody to counsel you, I mean, you were your own counsellor, and if you got upset, someone in the group would sort of reassure you.

They were much more, right, Donna, you've read a poem, that was great, thank you, and lots of applause. Now, Ruth, would you like to read a poem? I'd get up and read my poem and there'd be lots of applause and somebody might get up and sing a song. I don't think we ever had dancing, as far as I remember, but we didn't need it, because our spirits were dancing. [laughs] It was just amazing, and that was where we really started to get to know each other and a couple of relationships would start up maybe, and friendships, because when you're mentally ill, it's really hard to form friendships, but if you're becoming intimate with people through sharing your real selves, you start to form real friendships.

EC: Sounds like you really built up a community.

RD: We did, and some of us still keep in touch to this day, which is amazing, it really is, and people that you really value and you really respect and, you know, you...I'm not going to say soul mates, because that sounds more intimate than it is, but...well, good metaphor is people on the same page. People who are creative like you, that you really admire.

Being a writer with a condition - Graham

I've got to be careful here because I didn't necessarily want to change attitudes. I have a slightly unusual take on things in that I think if one in four of us are meant to have a mental health problem, probably even higher than that, then nearly all of us know someone or have personal experience of mental ill health. So I think stigma is a very different thing to just ignorance. But I think for me it's bearing witness, and bearing witness as far as we can with honesty, and from that I think people learn. In a lot of the stuff we did we did not say this is what's happened to us and you have to do this, this and this to change your behaviour. We

told our story and had conversations about our story or we wrote our story or we drew our story and left people to draw their own conclusions, and had conversations where we weren't blaming, we were engaging in dialogue and conversation, and not seeing people as the enemy, and often recognising that in our audience there would be many people who would be both professionals but also people with lived experience themselves who might be very moved by what we were saying. So it was that sort of thing.

I've forgotten the question now, but I think that's what we were trying to achieve was making it real and knowing that if we make the reality of numerous lives and experiences real then the attitudes towards us would change in ways we can't necessarily predict, but we will become much more human to other people, and sometimes the bizarre and very frightening things we've done will become understandable, and people will think twice when they next see us or something like that. Does that sound okay?

CB: Yes, it does. That's great. Thank you. When you first started out I think you mentioned it was during the '90s when you started doing your creative work. How was mental health viewed at the time?

GM: Oh, I don't know. This is difficult. My very first creative work was before that. It was in 1983 I think, when I was in an asylum in Sheffield. After that I did some work on a student magazine. I suppose then it was very different. There were hundreds and hundreds of people in the hospital. It was your stereotypical place of what you imagine asylum to be like, but because it was being closed gradually it was even more rundown. So there were holes in the walls, there was no room, there was lots of noise. Some of the attitudes of the nurses were quite horrific, and some of the attitudes were more modern and more progressive than they are today. So that was what first woke me up to the world of mental illness and to some of the stigma. In those days I was more concerned about the attitude of professionals than I was about the public. I was quite angry with some of the people I saw.

new bit:

When I was in Edinburgh... I don't know how much attitudes have changed. Mental health is always on everyone's lips. Everyone talks about it nowadays. I certainly think attitudes towards people with depression and anxiety are much more accepted. I think attitudes towards people who are psychotic or have schizophrenia or have a borderline personality disorder can maybe still be suspect. Maybe not as bad as they were, but I don't think everyone's that comfortable when they realise someone has a diagnosis such as mine. Although I've only very, very rarely come across overt prejudice towards me. It's been unpleasant when it's happened, but very rarely has it happened. I find that I've been in the fortunate position that by being very, very visible about my experience people quickly see behind the label and so I get a very positive reaction. I have maybe a naive approach, but I think that by being open and up front about what I've been through the doubts people have about someone like me vanish quite quickly. I'm also lucky, unlike some other people, in that I have a posh voice and I'm very articulate and I'm middle class, so I'm a very acceptable face of schizophrenia, if that makes sense, too.

What art can do in hospitals and communities - Brian

CB: So when did the art part of the therapy begin to be used, then, was that in the '80s, or...?

BR: Oh, it's always been part of psychiatric care. When I started there, there was, like, occupational therapy, recreational therapy, and there was gardening, and there was all sorts of different resources. And rehab type activities going on, based in industrial units. So people, they were working, but they were making things like furniture, and they were doing gardening, and doing, maybe more industrial stuff, like slabs. But it all involved quite a lot of technical skills, and a lot of team work, and a lot of planning, and goal achievement. So there was an aspect of that going on through the hospital. But when I started in Leverndale, in recreational therapy, where I've been based for about 35 years, my main three streams were education, art, and physical activity.

There'd always been physical activity, a big focus on football, swimming, indoor, outdoor bowling, putting, golf. And all those facilities, tennis, were all available on the hospital site at the time. But when I came into my job, I started to bring my own interests into the workplace. So, we started a writing group, we had art activities. The very first art project I was involved in was for bingo calling, and it was 90 squares on a huge wall, a huge piece of wall. And everybody had a square within, you know, who came to the department, and they had a chance to design, if not actually paint, and draw it, each person got to design a square.

CB: Right.

BR: And so I loved, that's always been part of my work since then, is this sense of community connection, where all different people come together, from different areas, different resources, inpatients, outpatients, and have a shared goal, a shared vision. So I've always been, that's always been a big, that creates a lot of enthusiasm, and motivation about the staff teams, as well as the patients, and the achievement aspect of getting people to come along and see what you've achieved, and stuff like that. So that's always been part of my work.

CB: And so is that the main, like kind of goal, by using art is to give something that people can work together and be proud of, or what do you see?

BR: Well no, it's treatment, as well. Because at a very basic level, you put art materials on the table, you can find out quite a lot, very quickly, about how well and how engaged people are. If they know what to do with the equipment, if they can get organised, if they're drawing things that are, that have some coherence, or if they're doing really imaginative stuff. It gives you a really good starting point to initiate communication with people. So I've always, it's always been a really productive tool in working with folk that, you know, just watching them work, and just sharing the time with them. But it's all about relationship building, and making connections, so that people feel more valued, and feel that they have a sense of

achievement.

And even if, our mantra for the last 20 odd years is, anyone can do art. And that's a big focus in the department, and the team I work with, it's about encouraging people in to doing things that they didn't recognise they had the ability in, or they didn't recognise would be enjoyable and relaxing, and give a sense of purpose and focus to them, you know. So that's been massive, as part of how we deliver our care.

CB: Right, okay.

BR: But what I've loved over the last, well 13 years of the SMHAF, the Scottish Mental Health Arts Festival, every year we've had something hospital based, or community based. And we've collated work from all around the hospital, and put on a show, for the last 13 years. And a couple of times we went out to the Pearce Institute in Pollok, and we went out to...not the Pearce...the Civic Realm in Pollok, and the Pearce Institute in Govan, and we put on a whole show down there. But most of the time, it's all about the hospital being part of the community for me. And inviting people in, over the door, to see that it's a very constructive, creative place, it's not just treatment as people might perceive medication, and psycho-social, you know, skills, you know, like education with regards health. It's about, the treatment in hospital is all about recognising your strengths, and your interests, and your ability, and giving you an opportunity to do something that you like.

What I love about our department is that, a lot of the time people are in hospital, they're very contained, they're very prescriptive, there's a lot of parameters set. But when people come into the department I work in, it's about doing something that they want to do, and having control over something as well, a choice, you know.